FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L17194** **(6)**

1. Corporation Name
ASSURANCE MORTGAGE CORPORATION

Principal Place of Business
C/O DAVID L. RICHMOND
101 WYMORE ROAD. STE. 504
ALTAMONTE SPRINGS FL 32714

Mailing Address
C/O DAVID L. RICHMOND
1500 E. ROBINSON ST.
ORLANDO FL 32801
US

3. Date Incorporated or Qualified: 09/19/1989
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business
21 1500 East Robinson Street
Suite, Apt. #, etc.
22
City & State
23 Orlando, Florida
Zip 24 32801
Country 25 Orange

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 59-2967708 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
RICHMOND, DAVID L.
1500 E ROBINSON STREET
ORLANDO FL 32801

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of Registered Agent and date signature (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	RICHMOND, DAVID L.	1.2 NAME	
STREET ADDRESS	1500 E. ROBINSON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	~~DVS~~ ☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~BENARI, EITAN~~	2.2 NAME	
STREET ADDRESS	~~1500 E. ROBINSON ST.~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~	2.4 CITY-ST-ZIP	
TITLE	~~V~~ ☒ DELETE	3.1 TITLE	VS ☐ Change ☒ Addition
NAME	~~VOGT, LINDA~~	3.2 NAME	RICHMOND, LINDA
STREET ADDRESS	~~1500 E. ROBINSON ST.~~	3.3 STREET ADDRESS	1500 E. ROBINSON ST.
CITY-ST-ZIP	~~ORLANDO FL~~	3.4 CITY-ST-ZIP	ORLANDO, FL
TITLE	~~VS~~ ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	~~RASKIN, ALENE S.~~	4.2 NAME	
STREET ADDRESS	~~1500 E. ROBINSON ST.~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~ORLANDO FL~~	4.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SPEK, JOAN L.	5.2 NAME	
STREET ADDRESS	1500 E. ROBINSON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DAVID RICHMOND 4/29/96 (407) 897-6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)